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PRACTICAL OBSERVATIONS ON THE MEDICINAL PROPERTIES OF THE MINERAL WATER OF COOPER'S WELL, HINDS COUNTY, MISSISSIPPI.

By JOSEPH JONES, M.D., LL.D.,
Professor of Chemistry and Clinical Medicine, Tulare
University of Louisiana, New Orleans.

EVERY careful physician should endeavor to record his experience and investigations with reference to the therapeutic value of the mineral waters of his locality.

In the month of September, 1892, I derived substantial benefit from the pure, bracing air, at an elevation of about six hundred and fifty feet above the level of the sea, and the medicinal properties of Cooper's well, Mississippi, after a prolonged illness in New Orleans, Louisiana.

The mineral water of Cooper's well is prompt and decided in its effects, which may be classified as,

1. Purgative.
2. Diuretic.
3. Diaphoretic.
4. Alterative, tonic and restorative.
 1. The purgative effects are due chiefly to magnesium sulphate (Epsom salts, about 24 grains per gallon); sodium sulphate (Glauber's salt, about 15 grains per gallon); and calcium sulphate (about 32 grains per gallon).
 2. The diuretic effects are due mainly to the preceding salts, and to the potassium sulphate (about 6 grains per gallon); sodium chloride (about 9 grains to the gallon); calcium chloride (about 5 grains per gallon of the water), and magnesium chloride, about 3½ grains per gallon.
 3. The diaphoretic effects of the water must be referred to the action of the preceding salts upon the sudorific glands of the skin.

4. The alterative, tonic and restorative effects must be referred to (a), the peroxide of iron; (b), the salts of lime; and (c), the alterative effects of the magnesium, sodium and potassium salts.

The combined effects of the saline ingredients, amounting to about 106 grains per gallon (about one-fourth of an ounce per gallon), are manifest in the dark green evacuations from the bowels, and the frequent and abundant actions from the kidneys; both the liver and kidneys are freely acted on by the water, and at the same time the noxious abnormal products of the bile, torpid liver, and deranged functions of the spleen, and of the diseased and altered blood, are eliminated by the gastro-intestinal mucous membrane.

The water of Cooper's well, according to my personal observation and investigation will, when used under and by the direction of experienced skilful physicians, prove highly beneficial in the following diseased states:

1. Anasarca.
2. Ascites.
3. Alcoholism, acute.
4. Alcoholism, chronic.
5. Bright's disease.
6. Cardiac dropsy (valvular disease of the heart).
7. Hepatic dropsy, arising from chronic hepatitis.
8. Renal dropsy, arising from lesions of kidneys.
9. Calculus (uric acid, oxalates and urates).
10. Jaundice, arising from hepatic derangement.
11. Jaundice, arising from the prolonged action of the malarial poison in the spleen, liver and blood.
12. Gout.
13. Rheumatic gout.
14. Malarial poisoning, chronic.
15. Rheumatism, chronic.
16. Diarrhoea, chronic.
17. Constipation, chronic.
18. Dyspepsia.
19. Nervous exhaustion, arising from various causes, as the prolonged action of febrile poisons, especially of the malarial poison; prolonged mental exertion; the prolonged heat of summer; the abuse of alcoholic stimulants and narcotics.

The water of Cooper's well is contra-indicated in the secondary diarrhoea of phthisis; and, in fact, the disease (consumption) is not benefited, but rather in-

juriously affected by Cooper's well water. However, phthisical patients may derive benefit from the elevation, cool climate, and pure bracing air; and exercise over the beautiful hills and valleys, covered by the lofty, aromatic, long leaved pines.

156 WASHINGTON AVENUE.

TREATMENT OF MALARIAL REMITTENT FEVER.¹

By J. P. FRANCEZ, M.D.,
CARENCRO, LA.

LOQUOR SUB CÆLO CARENCROSIS.

GENTLEMEN: Most practitioners are unanimous in the treatment of malarial remittent fever in recommending the administration of quinine, the sooner the better, and at whatever period or stage the patient is seen. The drug should be prescribed in full doses and at close intervals until the full physiological effect is produced. When cinchonism is induced the intervals should be lengthened without discontinuing its use, however. Cinchona or its derivatives are the only recognized specifics, consequently the sole weapon in the hands of the doctor to fight such a formidable foe as the remittent fever of the hot climates.

There are many valuable combinations with quinine to meet special symptoms. Antimony in 1-grain doses every two to three hours is very useful when the face is highly congested, red, flushed, and a violent headache. Of the other adjuvants the least dangerous and the most useful are general warm baths. Local ablutions over the whole body with water and some alcoholics, such as cologne, spirits of camphor or vinegar, render good service; or, again, plunge the patient into a cold, but followed immediately by a warm bath, and, as soon as the patient is returned to bed, give tea or coffee aromatized with Jamaica rum, brandy, cognac, or whiskey.

The salts of opium and pieces of ice kept in the mouth are highly recommended to control vomiting; this I have tried time and again, but a mixture of chloroform and cherry laurel water has given me better satisfaction. Sinapisms on the epigastric region do well. Cold and tonic applications, such as a solution of amm. muriate in water or vinegar,

¹ Read before the Attakapas Medical Association.

emplastrum theriacum dissolved with a sufficient quantity of sp. mindererus, tinct. cinchona, mustard and cataplasms on the lower extremities produce a decided relief. Frictions composed of 6 grains of quinine and 1 drachm of Hoffman's anodyne, three times a day, are said by Shuster to be very serviceable. Rest is the best remedy when the stomach has been crowded by drugs from the onset of the fever. All these are good auxiliaries, but yet the best is to saturate the patient with quinine by any means, ways or channels. Salol combined with quinine acts very well in tympanites. Warburg's tincture gave me little satisfaction. The combination of the sulphites and hypophosphites with quinine did not show what was expected. I have not observed that the duration and intensity of the fever were at all influenced. I then experimented with iodoform, benzoate soda, salicine, the carbolized comp. tinct. iodine, hoping to abridge the duration of the fever and reduce its temperature. I failed to realize any good, but developed, especially with the comp. tinct. iodine carbolized, gastric "susceptibility." However, unwilling to surrender all hope of finding some drug that might assist me in reducing this fever in duration and temperature, I ventured on sulphur combined with quinine, 15 grains as a dose, four times during the day for an adult, and for younger subjects the dose to be regulated according to the age. According to my judgment, by this sulphur treatment, the fever is rendered milder, the duration shorter from five to seven days, and less distress is experienced by patients thus treated than by other plans of treatment. And to be better satisfied as to the result thus obtained I requested my two *confrères*, doctors Courtney and Préjean, both skilful and learned practitioners, to try this combination of drugs, which they willingly did, and are so highly pleased that they pronounce it a double specific. It agrees with considerable evidence in favor of the view that sulphurous emanations neutralize malaria. This subject has recently been investigated by d'Abadie who has communicated the results of his investigations to the French Academy of Sciences. It also agrees with the observations of Stanhope, N. J. I have not been able to investigate how much sulphurous emanations influence malaria around sulphur mines, Calcacieu Parish, La. Sulphur is a well known

germicidal, sudorific and laxative drug.

The adynamic type is better managed by a combination of ext. cinchona, in rum, whiskey or cognac. The comatose and syncopal are treated by the same, with the addition of the tinct. nux vomica. Sulphuric ether is a good diffusible stimulant, especially when given subcutaneously. When the stomach is inactive I have found that a light infusion of the bark of cinchona and a few drops of the dilute muriatic acid do to rouse the organ; pepsin and bicarb. soda may be added. When there is prominence of grave nervous disturbance, such as delirium, subsultus tendinum, ataxia; in a word, when there is a want of unity between the nervous and organic functions, we want a drug which, by its action, will establish this fallen or collapsed unity. If recourse be had to bromide of potash or calomel associated or not with one of the salts of opium, we miss our purpose. Bromide potassium drains the "cerebral cells," which we must avoid; calomel is a "brain starver," and must be rejected. In my experience the only harmonizer in the lack of unity between the different systems is musk.

Purgatives are useful by unloading the bowels of fecal matters; they cause the intestinal fullness to disappear, and jugulate the catarrh. In choosing purgatives preference should be given to the salines; castor oil may do. After a first purgative, if the bowel has to be solicited, plain lavements are sufficient. Calomel is still prescribed by some practitioners; recent medical literature antagonizes this opinion. Clinicians, such as Meigs, Morehead, Flint, Maclean, the civil and military medical authorities of the French and English settlements, disapprove its use in this form as well as in almost all other acute affections, excepting syphilis. Calomel is accused of many evils, and I question if the gastric troubles, so frequently experienced in remittent fever, are not attributable to its abuse. Strumous subjects seem to be made worst by it. "*Mala est medicina ubi aliquid naturæ perit.*"

I do not claim to enlist malaria in the controllable or preventable list of diseases, but do believe that if physicians' dictates were not too often combated by the civilian, malarial fevers would be made less numerous by drinking pure water. As a proof of this theory I will cite the following:

Along the Carencro Bayou, the first ten miles of the Vermillion river, there are many inhabitants who drink only spring water, and, as long as these springs are not covered, malaria is hardly felt; it becomes rife after overflows, which carry vegetable and animal *débris*, and very likely deposit the malarial organism in the springs. Since 1878 or 1879 I have succeeded in having some of those planters use boiled water, and thus far they have had less medical bills to pay than those who would rather get advice from ministers of the Gospel, or such like persons.

Remittent fever recurs in the same individual either during the same summer or at any other period of life, as malaria predisposes one once attacked to any of its protean types. Milk, soups, Colden's beef ext., Ducro's elixir, and wines should comprise the dietary.

DIABETES MELLITUS; QUICK RECOVERY UNDER DIET AND STRONTIUM LACTATE.

By WILLIAM F. WAUGH, M.D.

A GENTLEMAN of sixty years, large frame, well built, full blooded, a man of wealth but still active in business, has suffered for several years with gout. He is fond of good living, but not more than usual with men of his class. During this period he has shown also such symptoms as aroused the suspicion of diabetes, and on several occasions the urine was analyzed, but with negative results. However, in June he came in with the report that for three months he had been losing flesh and strength, and passing large quantities of urine. The tests now demonstrated the presence of sugar in the proportion of $3\frac{1}{2}$ per cent. He was placed upon the ordinary diet for diabetes, and given the solution of strontium lactate (Paraf-Javal), a tablespoonful before each meal. The good effect was manifested at once; and the proportion of sugar in the urine began to decline. In three weeks the glycosuria had ceased, but he presented symptoms of rheumatism. This was attributed to the lactic acid in combination with the strontium; and a mixture of sodium salicylate and colchicum was substituted, with good effect. The rheumatic symptoms subsided, but the strontium was not resumed, as no sugar could be found in the urine. The anti-diabetic diet was, however, con-

tinued in its full rigor for over two months, and even then but slight modifications were permitted. This was but little hardship, as the patient's general health was so good that he remarked that he was willing to continue the restricted diet indefinitely.

This case is remarkable for the speedy disappearance of the sugar, and the ease with which the restricted diet was borne. In regard to the diagnosis, there was the age and the habits that tend to produce diabetes, the rapid failure of health, and loss of strength and weight, coinciding with an enormous flow of urine, containing sugar in large quantities, with some other symptoms that need not be detailed.

The strontium salts have been recommended very highly as remedies in Bright's disease, but so far I have not obtained results much, if any, better than those secured by the ordinary saline diuretics; certainly no result has been manifested as brilliant as in this case of diabetes.

INFLUENZA.

By E. S. MCKEE, M.D.,
CINCINNATI.

AMONG the many ingenious hypotheses advanced to account for the origin and spread of influenza, it is interesting to observe the one which, to a certain extent, approximates the doctrines of those early Italian physicians who assigned it a name which has the merit of vagueness and nescience, and for which we seem to have found no better. There seems something still to be said for an extra mundane origin for this mysterious affection. Willis¹ suggests that this disease, which visits so suddenly and simultaneously so many parts of the earth, may take its rise in the intrusion into the atmosphere of some poisonous gas of such density as to penetrate everywhere. Influenza or la grippe is, according to McKee,² rather better termed a pandemic than an epidemic, which passes over the earth from east to west, regarding not climate, class or society. The Indians of

¹ *London Times*, July 10. *American Practitioner and News*, September 12. *London Lancet*.

² *American Practitioner and News*, September 26. *Nashville Journal of Medicine and Surgery*, September.

Alaska were reported¹ dying in large numbers during the past year. In Austria, 2,823 deaths from influenza were reported² during the epidemics of 1889 and 1890. 930,478 applied for medical relief, but of course a large number did not call in a medical attendant. An interesting editorial³ discussed the various names of this malady, which are found peculiarly expressive in the various languages. An interesting study⁴ of the various pandemics of influenza is worth recording. Lee⁵ reports 1,120,000 cases in Pennsylvania during the recent epidemic, of which 7,880, or one in every 142, died. The etiology of influenza, according to Tezzier,⁶ is a microbe, which he styles the streptobacillus, whose habitat is putrid mud. That Russia is its home is in his opinion due to the fact that bad drainage, filthy streets, and neglected barn-yards are the rule, a condition aggravated by swollen rivers and generally wide plains.

The depressed tone of human vitality during the influenza epidemic is discussed in a report by Coulston.⁷ He was uncertain whether the lowered tone of vitality was due to the influenza, whether the European family was in a lowered state of vitality, thus being a fit nidus for the influenza germs, or whether it was the sunless, summerless general character of the year. He distinctly connected the influenza with the number of melancholic patients sent to Morningside Asylum. He believed the influenza left the nerves of Europe in a far worse state than it found them. It might be well for asylum superintendents to look into this matter. "Facts Gleaned from last year's Grippe" is the title of a valuable editorial⁸ in which the statistics furnished by the Medical officers of the United States Army are collected. Stevens found its prevalence proportional to the increase in weight and humidity, and inversely to the amount of ozone and the electrical condition of the

atmosphere. In view of the intense nervous depression, the too popular antipyretic sedative treatment is unwarrantable and unscientific. Fatal prostration and heart failure in grippe, are probably due more often to drugs than the disease itself. In a study of influenza as occurring in Russia, Siegfried¹ refers to the water supply of various cities and mills where large numbers were employed. It was found that those drinking artesian water were immune, or remained so until the disease was introduced from without, while those drinking surface water were readily affected.

Transmissibility² has received an impetus from the observation that the course of influenza was independent of, and quite opposed to, the prevailing winds. It traveled slowly in Siberia and Russia, but rapidly as soon as it reached the network of railways in Central and Western Europe. Its course was changed by the mountain ranges of Scandinavia, and it invaded Norway, not from Sweden, but from Holland and England. Again, it was deflected by the Carpathians turning its course in the channels of travel down the valley of the Danube, and ultimately following, in direction and time, the ocean routes to Africa, India and America.

In India it has shown the same peculiarities of following the railroad lines as with us. Caird³ reports influenza as communicated to cats, and quite a number of human beings as directly infected from a horse.

Prophylaxis has been successfully carried out by Gilbert⁴ by the use of quinine and arsenic. He used these remedies in a number of patients, none of whom were attacked. He observed one instance where nine children in one family were attacked with influenza, and one escaped who was taking arsenic for a skin affection. He thinks it reasonable to suppose that these two powerful antiseptics might prove inimical to the development of the microbe which probably causes influenza. It is also reasonable to expect that these drugs would fortify the system against the disease.

Immunity against influenza furnished by vaccination is reported by Gold-

¹ *Medical Record*, June 20.

² *Medical Record*, May 23.

³ *Medical Record*, April 18.

⁴ *Medical Record*, May 9.

⁵ *Lancet Clinic*, January 24. *Journal American Medical Association*, March 14.

⁶ *Journal American Medical Association*, March 21. *Gaillard's Medical Journal*, March.

⁷ *Journal American Med. Association*, June 20. *Lancet*, March 7.

⁸ *Medical Record*, March 28.

¹ *Deutsche Medicinische Wochenschrift*, January 15. *University Medical Magazine*, April.

² *Journal American Med. Association*, May 2.

³ *Lancet*, March 28.

⁴ *Lancet*, June 20.

schmidt,¹ whose observations were in the Island of Madeira, which suffered from a double invasion of small-pox and influenza. He found that no one of the 112 persons successfully revaccinated suffered from influenza, and in 98 persons in whom revaccination did not take, only 15 had any symptoms of the disease. In an isolated villa of 27 inhabitants, 12 who were vaccinated escaped, while 15 who were not vaccinated all suffered from la grippe. The doctor believes that the immunity generally enjoyed by young children in epidemics of influenza is due to the first vaccination, which has not yet had time to become dissipated.

Van Eman² is led to the belief that one attack of la grippe tends to a certain amount of immunity against others, but admits that this has numerous exceptions. He is strongly inclined to the opinion that cases of incipient or developed phthisis undergo rapid changes for the worse after an attack of the grippe.

The epidemic among children is discussed by Coneby,³ who says 40 per cent. of the children of Paris were affected by this disease. Two hundred and eighteen came under his observation; 124 were girls and 94 boys. They ranged from seventeen days to fifteen years of age. He thinks the disease infectious, being diffused by atmospheric currents. Its contagiousness he considers not clearly established, although probable. In only one case was there a fatal issue.

A child born with influenza is reported by Townsend.⁴ The mother had an attack January 2, lasting three days. The child was born January 9. It sneezed violently, and the same day its respirations reached 100. Second day, temperature 104° F.; pulse at least 200; respirations 150-160. He discussed, in support of his view, the case reported by Barber.⁵

The relation between influenza and pneumonia is discussed by Simon.⁶ He finds that in those cases where the attack

was not very severe, and the patients insisted on going out when still weak, though the temperature was still normal, there are found, on examination, sticky crepitant râles at the base of each lung. Patients walking about with these râles, and with the pulmonary conditions causing them, will be especially liable to take pneumonia if exposed to chill or fatigue. This fact will go far to explain why so many bad cases of pneumonia occur amongst men in the prime of life who have, as they have thought, recovered from slight attacks of influenza. The materials for the production of pneumonia are latent, and need only the influence of cold and exposure to develop the disease in the body already weakened by influenza.

Menstruation, as affected by influenza, is described by Mijulieff,¹ who noted that in women menstruating during an attack of influenza, the flow was more profuse and prolonged. In a case of amenorrhœa, the flow reappeared after an absence of four months; in another it appeared for the first time during an attack. No special treatment was indicated. The increased flow must be explained as due either to an acute endometritis or to the presence of pathogenetic micro-organisms in the blood, introduced through the respiratory tract. These give rise to certain vaso-motor disturbances which may lead to hemorrhages in other organs beside the uterus. It is possible that the microbes may generate ptomaines which exert a direct irritant action upon the vaso-motor system.

Hyperpyrexia is reported by Gibson.² Several cases are mentioned reaching 107, 108, and 109° F. One patient was saved by cold baths.

Aural complications are the subject of a report by Meniers,³ who states they are the result of retro-nasal affections, of 57 cases 23 lasted four or five weeks. In 11 cases the lesion was unilateral, in 17 bilateral. In another series of 16 cases, 9 were unilateral and 7 bilateral, and the duration of the disease three months. Eight lasted four months, and 5 were still

¹ *Medical Record*, May 16.

² *Kansas Med. Jour.*, October.

³ *Revue Mens. de Mal. des Enfants*, 1890. *American Journal of the Medical Sciences*, April.

⁴ *British Med. Journal Supplement*, February, 21; *Archives of Pediatrics*, January.

⁵ *British Med. Journal*, March 1; *British Med. Journal*, February 21.

⁶ *British Med. Journal*, June 27.

¹ Fiederl, *Tijdschr. v. Geneeskunde*; *Centralblatt fuer Gynakologie*; *American Journal of the Medical Sciences*; *Archives Gynecology, Obstetrics and Pediatrics*, October.

² *British Med. Journal*, May 30.

³ *British Med. Journal*, June 13. *American Journal of the Med. Sciences*, February. *Med. Annales des Maladies des Oreilles*, September.

under treatment because of complication, as periostitis and mastoid inflammations. The treatment consisted of warm water, irrigation in the external canal and in the Eustachian tube, paracentesis of the membrani tympani in some cases, and in four instances thermo-cauterization of the mastoid. Ludwig¹ found that influenza induced a large number of cases of otitis media. He found otitis subsequent to influenza, sometimes a malignant and life threatening disease, which, in conjunction with pyæmia and meningitis from empyæmia of the frontal sinuses, presents the most frequent cause of death after pneumonia.

The ocular phenomena observed in the course of la grippe are described by Macnamara.² He has met 4 cases of optic neuritis, 3 in males. These troubles could be attributed to no other disease than influenza. Five cases of retro-ocular neuritis are reported by Epéron,³ which occurred as sequelæ of influenza. Three cases of ocular complications are reported by Ray⁴ and Hausen.⁵ A case of acute retro-bulbar neuritis. Laibach⁶ reports the case of a young lady who suffered from influenza with severe hemicrania dextra, whose eyelashes on the right eyelids turned perfectly white. Multiple neuritis after influenza is reported by Westphal.⁷ Two cases are described in one, the first symptoms were manifest seven days after the beginning of the disease. The first patient was aged 29. He complained first of a feeling of numbness and pain in his toes and fingers, subsequently weakness of the limbs and difficulty of swallowing, abolition of the knee-jerk and the triceps jerk, retention of the abdominal and the plantar reflexes, with slight paralysis of the right side of the face. Under appropriate treatment the symptoms promptly disappeared, but the knee-jerk remained absent for several

months. The symptoms in the second case were more severe, and were ushered in by an attack of urticaria. In the course of a few weeks there were general muscular weakness, paralysis of one side of the face, and paresis of the other, difficulty in swallowing and abolition of the knee-jerk, pain, on pressure, over the affected nerve trunks and muscles, wasting of muscles, both in the upper and lower extremities, and the reaction of degeneration, preceded by an increased electrical irritability. Two similar cases are reported by Homen,¹ occurring in brothers.

King² mentions a case in which extreme head pain, with acute vomiting and constipation, followed by squint, dilated pupils, stupor and an epileptic attack. All passed off, and the boy is now quite well. One case in which a semi-cataleptic condition occurred was mentioned. Colley³ reports a case of Basedow's disease following influenza.

Influenza psychosis is the subject of an article by Jutrosinski,⁴ who points out that no mention of a true psychosis is made until his account of the influenza as it appeared in Philadelphia in 1789-1791. Jolly, of Strasburg, observed three groups of mental diseases produced by influenza: acute delirium, delirium tremens, and genuine insanity. The etiology of influenza psychosis is the same as the etiology of mental complication in other febrile diseases, viz.: Abnormalities of the circulation, hyperæmia or anæmia of the brain, the production of ptomaines, etc. The excessive use of antipyrine or antifebrine has also undoubtedly been a factor in many cases. He thinks mental diseases are produced in individuals with nervous dispositions. Insanity can originate in every stage of influenza, however patients at the period of convalescence are most frequently attacked. All forms of mental diseases can appear; the majority show a melancholic-hypochondriacal character. Both sexes are equally attacked. Patients from twenty to thirty years of age are most frequently affected. Influenza in persons already insane produces a deterioration of their mental condition.

¹ *American Journal of the Med. Sciences*, March. *Archives fuer Ohrenhulkenunde*, September, 1890.

² *Weekly Med. Review*, September 19. *Le Bulletin Medicale*.

³ *Medical Record*, June 13.

⁴ *American Practitioner and News. Western Medical and Surgical Reporter*.

⁵ *Schmidt's Jahrbuecher*, No. 2, 1891. *Medical Record*, November 8, 1890.

⁶ *Schmidt's Jahrbuecher*, March.

⁷ *Lancet*, January 10. *St. Petersberger Medicinische Wochenschrift*, 1890.

¹ *Lancet*, May 9. *Fortschritte der Medicin*, No. 9. *Finska Laharesallskape Handlungen*, Bd. xxii.

² *Lancet*, June 13.

³ *Schmidt's Jahrbuecher*, No. 2, '91. *Deutsche Med. Wochenschrift*, 1890.

⁴ *Lancet*, June 27.

Tenonitis following influenza is reported in four instances by Fuchs.¹ Having met with but one case previously in his experience, Fuchs could but conclude that these causes depended on the influenza. In two of the cases the pneumococci of Frankel-Weichselbaum was found in cultivations made from the secretions. One case went on to suppuration.

A case of meningitis of influenzal origin is reported by Blomfield.² At least this is the best description he can give it.

The digestive organs, according to Nicholson,³ are frequently affected; vomiting is often present, especially in the commencement; diarrhoeas occur in 8 or 10 per cent.; atonic dyspepsia, from which the patient may live free for years is often recalled into existence; the urinary organs usually escape complications; scanty, high colored urine is the rule, and occasionally a little albumen, but nephritis, or permanent kidney trouble would seem to be rarely, if ever, seen; hæmaturia now and then occurs, but is rarely serious. Severe menorrhagia is occasionally the result of influenza, but seems to have little tendency to produce abortion.

The treatment of influenza neuralgia by sweat baths is reported on by Frey.⁴ He used simply the steam or hot air baths, and found the best results in the ordinary typical forms of neuralgia, better results being obtained in recent cases. He thinks there is a strong analogy between malarial and influenza neuralgia. He believes influenza due to a specific micro-organism, and questions whether the neuralgia occurring with it may not be occasionally in the nature of an infectious neuritis.

The following prescription is highly recommended by Palmer:⁵

R.—Salol..... ℥ij.
Phenacetini..... ℥ij.
Quininæ salicylatis..... ℥j.
M.—Fiat caps. No. xx. One every 3 hours.

Emerson⁶ has found nothing better as an antipyretic and analgesic than phenacetine, or phenacetine and salol in combination.

He gave 10 grains of phenacetine, or 5 grains of phenacetine and 5 of salol, or 2.5 grains each every three hours. It is rarely necessary after that time.

Phenacetine is warmly recommended by Clemow¹, who has used it in from 4–10 grains. The second dose is given an hour after the first, then repeated every four hours if the patient is not relieved. Similar results are reported by Henry.² Lafont³ advises as a rational treatment of influenza gentle fumigations, diaphoretics and revulsives, strong tonics.

That influenza is a paresis or partial paralysis of the pneumogastric nerve, depending probably on such a sudden change in the atmosphere as involves an increased expenditure of force in maintaining circulation and respiration, is the idea advanced by Morris.⁴ Hence follows the phenomena of heart failure and pulmonary congestion which we too often witness, or the gastro-intestinal troubles, or the intense neuralgias. He finds from a logical sequence that the best remedies are strong excito-motor stimulants, chief among them strychnine, caffeine, alcohol and ammonia. Since he adopted the above views, and treated his patients with 5 to 10 drop doses of tincture of nux vomica every three or four hours, he has often been surprised at the promptness with which they rallied, and the almost unflinching success of the method. He strongly urged his means of treatment, especially with patients below the par of vital activity.

A single inhalation of a 2 per cent. solution of ichthyol has produced great relief in the hands of Lorenz.⁵ A stream spray apparatus was used, and it was repeated twice a day for twenty minutes at a time. In addition to this, ichthyol was ordered internally in the form of pills, containing a grain and a half each, one to five being taken daily; also a vessel containing a 2 per cent. solution of ichthyol was kept in the room, and was made to boil from time to time by means of a spirit lamp under it. In almost every case the symptoms are said to have subsided entirely in two or three days, but if

¹ Wiener Klinische Wochenschrift, 1890, II. American Journal of Med. Sciences, January.

² British Med. Journal, June 13.

³ Deutsche Med. Wochenschrift, March 19. University Med. Magazine, July.

⁴ British Med. Journal.

⁵ American Practitioner, 1890. Canada Medical Record, August, 1890.

⁶ Medical News. Canada Medical Record, August.

¹ British Med. Journal, June 27.

² British Med. Journal, June 13.

³ Medical Record, April 11.

⁴ Journal American Med. Association, Jan. 3. Transactions American Academy of Medicine.

⁵ British Med. Journal, May 30.

the treatment were left off then the cough and the running at the nose were liable to recur.

Bruce¹ sends the patients to bed, provides good nursing, warmth and rest, feeds them freely, fluid diet highly nutritious and stimulating. For the first few hours order 10-15 grain doses of salicylate of sodium, as soon as the pain is gone drop that, and put the patient on free doses of quinine or cinchona.

Wallian² considers an efficiently managed Turkish, or Turko-Russian bath at the onset, one of the promptest measures at command. It relieves congestion, causes rapid elimination, and equalizes the circulation. Few patients are too weak to bear this measure. The sick room should be free from curtains, plush furniture, etc., should be large, airy, and should be perfectly disinfected with peroxide of hydrogen, which should be thoroughly sprayed about the room every two or three hours. It not only disinfects, but liberates free oxygen in an extremely active or ozonized condition. Add to this free and frequent inhalations of pure oxygen to the extent of 15-25 gallons per day.

THERAPEUTIC NOTES FROM THE FRENCH.

[(E. W. BING, M.D., CHESTER, PA., TRANSLATOR.)]

In an interesting paper on "The Depopulation (or to speak more correctly, the feeble growth of population) in France," M. Le Roy, in *La Médecine Moderne*, says that on the one hand the number of births diminishes in a constant manner, and on the other hand the ratio of deaths remains excessive. He gives statistics proving that France is retrograding in the matter of births, while the other European countries are advancing; and that in 1890 there was a diminution of 38,446 persons in France, the excess of births over deaths being only 2 per thousand. The reasons are various, partly on account of wars, revolutions, epidemics, but principally on account of celibacy both among the clergy (voluntary) and in the army (enforced). The marriages only

average 7 per thousand. In addition to being rare, marriages are not fruitful, and are so voluntarily, and among all classes for economic reasons. Only among the lower classes are births at all numerous, and among these the children are so badly cared for that they are carried off within the year. In the last ten years France has lost 500,000 subjects from abortions, provoked or otherwise, and still-births. The author proposes as remedies: Reform of the marriage laws and those of succession; prosecution for adultery, even outside of the home (prostitution?); shortening of the term of military service, conditionally on marriage within a limited time. A rebate of taxation proportioned to the number of children in the family, where the parents have less than 6,000 francs income, and an increase of taxation on bachelors having more than 3,000 francs income, and some other regulations relating to nurses, lying-in-hospitals, etc. The subject is to receive the attention of a commission.

—*La Médecine Moderne*.

INHALATION OF MENTHOL IN TRACHEITIS.—For three years past Barbon and Martin have used warm inhalations of menthol in tracheitis. The menthol is placed in a flask with two tubulures and then placed in a water bath. The menthol (melting at 38° C. and vaporizing at 45° C.) is inhaled. Only five or six inhalations can be made at the one sitting. The menthol in cooling is deposited on the mucous membrane.

Indications: Laryngo-tracheitis with irritative cough. Laryngeal tuberculosis is a contra-indication, in these cases intratracheal injections of menthol do best.

—*Jour. de Med. de Bordeaux*.

A LEECH IN THE LARYNX.—Dr. Aubert (Algiers). In a communication to the Laryngological Society of Paris, the doctor recounts a case in which a woman of fifty-seven years had swallowed a microscopic leech in a glass of water. It was only after a week of suffering from asphyxia and hæmoptysis that it was dislodged, which happened in this way. Dr. Aubert was making a laryngological examination when the leech got into the larynx, necessitating tracheotomy. During its stay in the throat the annelid had attained the volume of a pencil.

—*Jour. de Med. de Bordeaux*.

¹ *Medical Press and Circular*, November, 19, 1891. *New Orleans Med. and Surgical Journal*, January. *Gaillard's Med. Journal*, January.

² *Medical News*, April 25.

The Times and Register

A Weekly Journal of Medicine and Surgery.

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PHILADELPHIA, October 8, 1892.

ANOTHER typhoid fever number will be issued soon. Will our friends whose articles were belated for the last issue, kindly send them to us as speedily as possible?

DR. WOODBURY has called attention to the value of papoid in digesting starches, and all the constituents of a hearty meal. This valuable paper will be found in full, with illustrations, in any of the journals that advertise papoid.

DR. ELMER LEE reports marked success in the treatment of cholera by irrigating the colon with peroxide of hydrogen solution. The method has been adopted for six months' trial by the St. Petersburg hospitals, in cholera and in dysentery. So says the *New York Herald*.

WE must not crow until we are out of the woods; but it looks as if the health officers of New York had earned the undying gratitude of the whole country by delivering it from the cholera scourge. In an effete monarchy such

services would be rewarded by titles, pensions and estates. Here the only recompense they are likely to receive is the virulent hostility of those who think they could have done the thing much better themselves.

JOHN L. SULLIVAN is now said to be a paralytic. By the long continued alcoholic soaking to which his tissues have been subjected, the connective tissue elements have become hypertrophied, the increased growth causing atrophy of the muscular fibrillæ. The magnificent development of muscle that won him so many victories has thus given place to a spurious hypertrophy; the bulk remaining, the consistency even increased, but the force has imperceptibly diminished, until he again exemplifies the aged simile of the oak of fair appearance, but rotten at the heart.

DIPHThERIA has increased in Philadelphia to such a degree as to attract the public attention. The Board of Health is taking unusual precautions to check the spread of the disease, and with very good success. This work would be furthered greatly if physicians were prompt in reporting their cases. Too often, when the official visit is made, it is found that several members of a family have been infected successively, and that the disease has extended to the neighbors. That this and other infectious diseases have not gotten into the schools is due to the care exercised by the teachers—a good work that is apt to go unnoticed because people have come to consider it almost as a matter of course.

PEROXIDE IN DIPHTHERIA.

FRANCIS H. WILLIAMS (*Boston Medical and Surgical Journal*) has been testing peroxide of hydrogen in diphtheria. He employed fifty to two hundred volume acid solutions, finding this most efficient and stable. He applied this locally by means of a spray apparatus and syringe of his own devising, making the applica-

sions one to three times daily with the syringe, spraying with the fifty volume solution once every four hours, and douching or spraying the nose and pharynx with the fifteen volume solution as a prophylactic. The stronger solutions should be kept in a refrigerator, and even then lose some strength. The results appear to have been favorable, as "no case that came early to the hospital died," but the author does not say how many were treated, or how many died. His conclusions were:

1. The peroxide of hydrogen has the unique and necessary quality of disintegrating the membrane and thus rendering the bacillus accessible. As it only attacks dead organic matter the healthy tissues are not lacerated, as is the case when mechanical means are used to remove the membrane.

2. The acid peroxide of hydrogen solutions are an effective germicide against the bacillus of diphtheria, and not toxic to the patient.

Letters to the Editor.

JAMBUL IN DIABETES.

I WISH to thank you for a suggestion from you which I saw some months ago. You said you had found jambul good for saccharine diabetes. I had a case, and was grasping for straws. Got some of Parke, Davis & Co.'s. The symptoms commenced to disappear at once, and soon the thirst, excessive diuresis, and the many other unpleasant symptoms were gone. Since last month has taken no treatment, and eats whatever food she wants. It should be better known by the profession. V. E. LAWRENCE, M.D.

HALSTEAD, KANSAS.

QUANTITY OF MORPHINE TAKEN BY HABITUÉS.

IN the September 24 issue of THE TIMES AND REGISTER, a morphine case is published by Dr. J. G. Page, of Elwood, Neb., which seems to have rather "startled" him at the amount of morphine the human system can be educated to endure. He will, perhaps, be surprised to learn that his is only an average case

whose daily ration of morphine is frequently met with. I have a case under my care of double addiction of morphine and cocaine, whose daily ration was 60 grains of morphine sulphate and 70 grains of cocaine hydrochlorate, administered hypodermically, whilst I have had quite a number of cases ranging from 20 to 40 grains a day, and I have no doubt other specialists in this line could record cases even exceeding in quantity the one I cite.

I had a laudanum case, whose daily quantity was 16 fluidounces, and the celebrated De Quincey, in his "Confessions of an English Opium Eater," took laudanum equal to 58 grains of morphine per diem.

The neatness and tidy habits of the patient at this stage of her malady is, however, exceptional, the reverse being the rule to which, I predict, she will come to be no exception.

One other point, amenorrhoea and sterility are almost constantly present during morphine habituation, but menstruation (in those young enough) is sure to return on discontinuing the opiate, and usually the sterile become pregnant.

STEPHEN LETT, M.D.

GUELPH, ONTARIO.

[There is one point we would like to call attention to, viz.: How much morphine was in the drachm vials? Sixty grains, nominally, but really much less. We once took pains to weigh the contents of several dozen $\frac{1}{8}$ -oz. vials, and the largest quantity in any one was 32 grains. The firm that put up the drug stated that the quantity for each bottle was not weighed, but one pound divided among 128 vials. Nevertheless, somebody else got on an average, one-half of the morphine we paid for.—W. F. W.]

SYNOVITIS OF KNEE-JOINT.

I HAVE been confined to the house now six weeks with an injured knee.

The history of the case is as follows: The 18th of July I struck the patella of my right knee against the corner of my book-case. The joint annoyed me but little at the time, but some twenty-four hours afterwards it began to pain me. I rubbed on some liniment, and kept on doing my regular work. It pained me more or less for two weeks but not enough to cause me to stop work. Finally, the knee began to swell and the pain became so

severe that I had to stop my practice. During the days it pained me while I kept at work there was only a little swelling on either side of the patella, and along the tendon it was simply a little sensitive on pressure. The knee has not been swollen at any time to exceed a half inch more than normal. At the present time there is considerable pain on the inner side of the joint, and it is swollen some on that side. There has been considerable crepitation upon moving the patella; not so much now. I can bend the knee considerably without much pain, but the least twisting of the foot elicits pain, more especially on the inner side of the joint. During the six weeks that I have been laid up with it, four fly blisters have been applied, with no appreciable benefit. The knee has been kept at rest all the time. For two weeks have been wearing a plaster Paris cast to keep the joint immovable, but at present have removed it, and am now in bed with the leg laid across a pillow. Am applying tr. iodine every day, and keeping the joint wrapped up in cotton wadding, and bandaged as tight as can stand it. I have had no fever, and am perfectly well and healthy other ways. Now, doctor, can you suggest anything that will be of any benefit to me in the way of treatment? I am very tired of this confinement, and all that has been done seems of little use so far. You will confer a great favor by any suggestion that will help me out.

ELROY, WIS.

F. T. FIELD, M.D.

[Open joint under strict antiseptic precautions and wash out with peroxide of hydrogen solution, until the suppuration ceases.—W. F. W.]

CONSUMPTION IN THE "EASTERN SHORE."

I WILL endeavor to give you the facts, as far as my experience will permit, from a practice of two years and nine months in Crumpton, Queen Ann's county, Maryland. As a health resort for consumptives, I am very adverse to recommending it, though not wishing to be contrary to my brother physicians, as my personal experience will prove.

Crumpton is situated partly in Queen Ann and part in Kent county, on River Chester, twenty miles from Chesapeake bay and sixty-five miles from Baltimore,

on the Eastern Shore. I will give a brief history of cases that came under my charge at some stage of the disease:

1. D. B., young man, about twenty-five years of age. Saw him first in February, 1887. Mended nicely and got around during summer, but died the following September. Had been coughing about two years. He also lost two sisters; both grew to be young ladies in Crumpton; hereditary cases.

2. Miss L., young lady, about twenty years of age; contracted a cold which settled on lungs, producing phthisis pulmonalis. She lived a few months over one year. Hers was acquired; none of her parents, brothers or sisters ever died or had any lung trouble.

3. C. R., colored man, about sixty-five years of age. Contracted pneumonia; made good recovery, but never regained his strength as before. This I attributed to his age. This occurred during the spring of 1887, and the following fall he took another bad cold, which settled on his lungs, and he died the following spring, 1888, with catarrhal phthisis. There was no heredity in this case.

4. L. C., young colored woman; single; pregnant; twenty-one years of age; caught cold; settled on lungs; had several hemorrhages from lungs; developed phthisis; was delivered of child at proper time, and died a couple of months after. This case was acquired.

5. Mrs. C.; married; had three children, two boys and a girl, all healthy. Developed consumption, and died nine months afterward.

6. Mrs. S.; married; had five children; taken with cold; settled on lungs; was sick a little over one year, and died with consumption.

7. C. T., my driver; a boy; sixteen years of age; colored; took cold after he left my employ; settled on lungs; lived about nine months; died of catarrhal phthisis. This case was acquired.

I could name a number of cases more that died of hereditary consumption; one of them a brother-in-law, and one a sister-in-law. They lived at Kennedyville, Kent county, Maryland. I think I could name a dozen in Crumpton and vicinity, but all did not occur during my stay there. All I have mentioned did; of these, four lived in Crumpton, and three in the country.

Queen Ann county is rolling soil; is generally light and sandy; will produce all kinds of fruit and vegetables in abundance, and is easily tilled.

Kent county is a clay loam, and is very productive in wheat, corn, oats, etc., but not so well adapted to fruit. Still, all kinds are cultivated and raised in quantities.

A great many of the population of Crumpton, which numbers about four hundred souls, follow fishing and oystering for a living.

I can refer you to Dr. Shepperd, Crumpton, Queen Ann county, Maryland, for more and better information concerning this most important and vital question. He has been practising medicine there about twenty years, and should be good authority.

DR. FANNING.

Book Notice.

INOCULATION A PREVENTIVE OF SWINE PLAGUE

With the Demonstration that the Administration of the Agricultural Department is a Public Scandal. An exposure by FRANK S. BILLINGS, M.D. Printed and published at the expense of the author. Cloth, 4to. pp. 321.

Dr. Billings presents his view of the controversy in full. Those interested in the subject can, we presume, obtain the volume by communicating with him.

The Medical Digest.

METHODS FOR THE PREVENTION OF CHOLERA.—The *London Lancet* is convinced that quarantine as a main reliance against cholera is misleading. Of the Oriental nations, those relying mainly upon quarantine are the ones who suffer most from preventable diseases. The United States have made great progress in public health, and it may be that some system of quarantine will best meet the possible importation of cholera there, but its educational effect upon the people is of the worst. A nation should be educated to a higher standard, namely: Quarantine is not a safe reliance, but that pure air, water, and soil are more to be trusted. The moment quarantine is resorted to there are endless attempts to get ashore despite of all regulations. The people of a country, in violently frustrating these

attempts, are only acting in the direction indicated by the Government when it authorizes a reversion to the ancient, cruel, and useless system known as quarantine.

MEDICINE AND THE ORIENTALIST

CONGRESS.—The *Lancet* regrets that at the Ninth Oriental Congress just concluded at London, the history of the healing art in the East was practically a sealed book. In opening its proceedings its President, Max Müller, said the sciences of language, mythology, religion, even the science of thought, all have assumed a new aspect through discoveries of Oriental scholars, who have displayed to us the historical development of the human race as a worthy rival of the natural development presented to us by the genius of Darwin. The *Lancet* continues: To this river of inductive truth there were many tributaries, such as the departments of anthropology, geography, and the cognate sciences. The science perhaps the most ancient of all, the one that reflects in its successive stages the contemporary standpoint, moral and intellectual of the human race was ignored, certainly not for the lack of subject-matter as, *e. g.*, Egypt alone teems with problems of medico-historical interest, the solution of which must shed light on the progress of humanity. The healing art of the Indians bristles with unsolved problems, containing in their solution the key to much of the Hindoo civilization. Concerning the medical history of these countries, as also that of China, this Congress was a disappointment. A dip into any history of medicine, from Puccinotti to Puschmann, will afford in the poverty of detail, in the wealth of hypothesis as to the healing art of these nations, the proof of how little Oriental scholarship has done in this regard. It is to be hoped that at their next meeting the Orientalists will have, on the medical side, a better record to show.

THE CREATION OF THE OFFICE OF PUBLIC SCHOOL DENTIST.—Mr. Denison Pédley suggests that all public schools should have a paid dental surgeon, who should periodically examine all the children and perform any operations—conservative or radical—that are needful, and that a record should be kept of the same. These views accord with ours, and are gaining ground generally, as ex-

emplified by the recent appointment of a dental surgeon to the central London district. The record of cases, if carefully kept, could not fail to be of scientific value.—*The Lancet*.

INTERNATIONAL MEDICAL CONGRESS OF 1893.—The Organizing Committee has decided that the inauguration of the Congress shall take place in Rome on September 24, 1893, and that its labors shall conclude October 1 following. The adhesions received by the committee from all the chief centers of medical education throughout the world have exceeded its expectations. Further information can be had by addressing La Secreteria Generale del XI Congresso Medico-Internazionale, presso la Clinica Medico, Ospedale di Pammatone, Genoa.—*The Lancet*.

LANGUAGE OF ANIMALS.—The chatter of monkeys can be made intelligible to the human mind. Among these animals themselves it is, according to Prof. Garner, not only intelligible, but understood. Their utterances indicate a purposive character. Simian speech is associated with a form of delivery or address exciting responsive actions. The sounds uttered by monkeys in one quarter of the globe, when reproduced by the phonograph, were recognized by animals of the same species in another. If Prof. Garner's researches indicate anything, it is the probability that the songs of birds, the hissing of reptiles, and the whole and varied catalogue of sounds among the lower creation represent so many stages in the development of language.

SENSORY SYMPTOMS IN VISCERAL DISEASE.—Dr. James Mackenzie, in the *Medical Chronicle*, cautions against reception of vague statements from the patient, and exclusion therefore of the complaints of neurotic subjects from great amount of consideration. In diagrammatic form he represents the areas over which pain is commonly felt in disease of the heart, of the stomach, œsophagus, liver, intestines, uterus and bladder.

Ample confirmation of the correctness of his facts would doubtless be given by most clinical observers. A matter of interest is that the tenderness often associated with the pain is seated not in the affected organ or in the skin itself, but rather in the subcutaneous tissues; and,

what is, we believe, a new point, there is often tenderness over the vertebral spines, corresponding to pains in the back, associated with visceral disease. These areas of spinal tenderness embrace from the first to the fourth dorsal spines in cases of cardiac pain; from the fourth to the eighth spines in gastric pain, and from the eighth to the eleventh in hepatic pain, the area of uterine and rectal pains being found over the sacrum.

CHOLERA AND CREMATION.—From the substance of a letter in *The Times* by Sir Spencer Wells, wherein he asserts that the destruction of the bacilli found in the bodies of cholera patients has long been regarded by most bacteriologists as one of the most necessary measures to prevent the spread of the disease; and there can be no doubt that fire is the swiftest and most effective mode of destroying the bacilli.

It is conceded by an opponent of universal cremation, that if it were limited to the victims of epidemic diseases, whether cholera, scarlet fever, typhus fever, or diphtheria, the great objection to cremation, *i. e.*, the medico-legal one, would be removed.

THE Second International Congress of Physiologists has this year held its sitting at Liege, with Halmgren (Upsala) as President, in the University. The Congress terminated September 1 with a banquet. There were about one hundred European physiologists at the Congress. It was agreed to hold the next Congress in 1895 at Berne, under the presidency of Prof. Hugo Kronecker. The general secretaries are: for the French language, Prof. Arloing; for the German language, Prof. Exner; for the English language, Prof. Sherrington.

DR. KORTNEFF shows in the Russian *Ophthalmic Review* that the epidemic of ergotism recently raging in the Viatka district was due to the use of diseased rye in the making of bread. Of the patients, some had persistent impaired vision, and these were found to have cataract not distinguishable from the ordinary senile kind. Maturation took place in from three to twelve months, and was especially rapid in the case of children.

DR. BUSH, of Dorpat, has shown that turpentine has the power of hindering to a certain extent the toxic action of phosphorus. In addition to the use of turpentine in cases of acute phosphorus poisoning, he advises the use of emetics and the washing out of the stomach. He estimates that doses exceeding the lethal dose by 0.001 grm. per kilogramme of body weight may be rendered non-fatal by the means of turpentine.—*The Lancet*.

HAFFKINE'S METHOD OF INOCULATION AS A PROTECTION AGAINST CHOLERA.—In the course of his researches on the cholera vibrio M. Haffkine has met with facts tending to remove the difficulties that have prevented the general acceptance of this microbe as the cause of cholera. He has succeeded in reproducing in rabbits a disease resembling human cholera by a simple and ingenious process, where all previous attempts to reproduce cholera among the animal world had failed. The blood serum of the rabbit kills the cholera microbe. He has succeeded in acclimatizing the vibrio, so that at length it is completely unharmed by the bactericidal action in question. If a small quantity of a culture in rabbit's serum of these acclimatized vibrios be injected into the veins of a rabbit the animal will succumb, showing symptoms similar to those of typical cholera. During the collapsed condition that precedes death cramps are frequent, and on *post-mortem* examination the intestine is found filled with typical "rice water" secretion. Generally the symptoms appear in a few days after inoculation. It is well to say that the secretion just mentioned and the mucous membrane of the intestine contained vibrios in large numbers.

The first step towards obtaining a protective vaccine was the preparation of an abnormally virulent form of microbe. M. Haffkine has done this by passing the microbe through a series of guinea-pigs. The exudation from the peritoneum of the first guinea-pig is injected into the peritoneum of the second, and so on through the series, certain precautions being necessary in order to maintain the series, as it is found that with each successive exudation the microbes lessen in numbers, and finally will not be sufficient to kill the next guinea-pig in the series. In avoiding this result it was found that the exudation of a large guinea-pig was

copious, though the microbes were few compared with the exudation from a small guinea-pig, which was small in quantity, but rich with microbes. Apparently the quantity is the measure of the power of resistance possessed by the individual. With this clue M. Haffkine inoculates a guinea pig into the peritoneal cavity with cholera vibrios from an agar culture. On its death the peritoneal exudation is removed with a pipette, placed in a test tube, and left for some hours subject to the temperature of the room. If it is abundant, it is then injected into the peritoneum of a small guinea-pig, and the converse process is used if the exudation of the first of the series is small. On the death of the animals in the former case, the liquid injected will be found to be concentrated. By the aid of these precautions the cholera virus can be passed through an indefinitely long series. From each exudation in a series an agar culture is made for the purpose of controlling the purity. Each successive culture will be found more virulent than its predecessors; also the guinea-pigs in the series die in shorter and shorter times after the injection. Between the twentieth and thirtieth passage the maximum degree of virulence is apparently reached. Agar culture made from such an exudation retain this degree of virulence. This virus seems to be twenty times as virulent as the ordinary form of the microbe, from which it differs in that it kills guinea-pigs when injected in small doses into the depth of the muscular tissue of the thigh. If, however, it is injected under the skin, this virus *exallé* does not kill the animal; it produces a local malady. After a few hours an extensive oedema develops. This leads to necrosis of the tissues involved. In a few days the necrosed mass falls off, leaving a granulating wound. This at length heals up. The animal is now immune against inoculation with cholera in any way whatever.

The process of attenuation of the virus by means of culture in bouillon, through a series of flasks of this medium, cannot be given at present. After a series of passages from flask to flask the microbes are so altered that the power of producing necrosis in guinea-pigs is lost, even when injected under the skin in exaggerated doses. They still retain the power, when injected into the peritoneum of these animals in a certain quantity, of killing. A

certain quantity injected under the skin of the guinea pig renders it eventually immune against the cholera microbe in whatever way it may be inoculated. M. Hoffkine by his method also renders rabbits and pigeons immune. Finally he tried the effect of these inoculations on himself, and subsequently on seven other gentlemen.

Regarding these inoculations the cedematous swelling develops with startling rapidity, but is unlikely to lead to inflammation that is dangerous. The cholera microbe is incapable of producing pus. Knowing these facts we did not abstain from our occupations. All the gentlemen experienced only trivial elevations of temperature and discomfort. In a few of the cases transient constipation occurred. In one case diarrhoea had been present for some days before the first inoculation, and vanished soon.

It is possible that for inoculations on human beings, it may be well to commence with sterilized (by heat) cultures, in order to diminish the discomfort produced by later inoculations with the living virus.

M. Haffkine prefers cultures on agar to those in bouillon. The latter contain far more soluble poisons than the former, and there is reason to think that it is the less readily soluble substances contained in the bodies of the microbes that are concerned in the production of immunity.

How can success in producing immunity against "laboratory infection" of a guinea-pig, justify us in concluding that we have obtained immunity against "natural infection" of a human being? In the first place, the fact that there is a difference—it may be great—between artificial and natural infection, though suggesting a source of error, is not of itself reason for thinking that immunity against the one is not immunity against the other. If any animal has been made immune against the cholera microbe, it has always been found to be capable of resisting it, in whatever way it may have been introduced into the body. If a human being has been made immune against the effects of the cholera microbe when injected under the skin, analogy suggests that he is immune against the same microbe when it enters the system by the natural way, whatever that may be. The effects of a subcutaneous inoculation of the attenuated cholera microbe on a

human being are now well known. There is an extensively and rapidly-developing cedematous swelling and redness, which vanishes gradually after a lapse of several days. A small, hard nodule appears at the seat of inoculation. These changes may be regarded as a distinct character of the cholera inoculation. The fever and nausea (*malaise*), cannot be so considered; probably a similar injection of any microbe would produce a similar elevation of temperature. Consequently, the presence or absence of a "local immunity" in a human being subjected to Haffkine's treatment, can be tested by a repetition of his first injection, namely, that of the attenuated virus. M. Haffkine performed this experiment five weeks after his inoculation, with the strengthened virus. After the injection a swelling rapidly developed, and as rapidly disappeared. It had almost gone in one day, leaving no hard nodule, as had been the case in the previous inoculations. It is to be remembered that the cedema caused by the first inoculation took nine days to disappear. As anticipated, an ephemeral rise of temperature occurred, but this happened with the guinea-pig that had received the same repeated inoculation, and that had been proved to be immune against cholera on several occasions.

An objection remains. Dr. Cunningham has isolated several distinct and permanent varieties (species) of the cholera microbe. Will immunity against one of them confer immunity against the other? M. Haffkine's vaccines have been prepared from a cholera microbe of Indian origin, and his inoculated guinea pigs have shown themselves immune against this race. M. Haffkine concludes that a guinea-pig prepared by his method is just as refractory to one microbe as to the other.

A priori, it seems that an inoculation with the *virus exalté* confers a more lasting immunity than a slight attack of cholera. In human beings the immunity can be tested at times by a subcutaneous inoculation. In the event of a lasting cedema occurring from this test inoculation, it can form the starting-point for a repeated treatment. There is no reason to think that this method can be a source of danger to other individuals. On the other hand, there is reason to believe that the microbes injected are quickly destroyed in the body, most probably in

situ. Forget not, that probably after the first inoculation, less probably after the second, there may be a temporary decrease in the power of resisting the entry of the cholera microbes. In three or four days from the injection the power of resisting the attack of cholera microbes returns to the normal, and after that time continues to increase. It seems, therefore, that these inoculations should not be practised in a given place during an epidemic of cholera without great caution. Before a definite conclusion on this point, further experiments on animals are needed. The evidence shows that M. Haffkine's method of inoculation is not accompanied by any great disturbance of health, and that it can be practised on human beings with safety. The fact that it affords immunity against cholera in any form, in animals of such different organization as guinea-pigs and pigeons, gives reason to think it may produce equally good effect in human beings, but time must elapse before evidence is attainable of value on this point.

—E. H. Hankin in *British Med. Jour.*

EXPERIMENTS ON THE RELATION OF PHAGOCYTOSIS TO ERYSIPELAS were performed by taking minute fragments of sterile decalcified sponge, soaking them in a broth culture of the *S. erysipelatio*, and then inserting them under the skin of rabbits. After a time the sponges were withdrawn, and the contained exudation examined, resulting in the fact that phagocytosis was observable in direct relation to the virulence of the original culture.

With a culture capable only of causing very slight inflammation in a rabbit's ear, phagocytosis was almost complete in twenty-four hours, and nearly all cocci were already enclosed in cells.

With a more virulent culture phagocytosis was still observable, but many cocci were not enclosed, and those cells which contained cocci showed signs of having suffered greatly in the fight.

With a very virulent culture—one which would kill a rabbit in two days—the exudation showed very few cellular elements, but extremely numerous free streptococci (more often diplococci or single cocci). It appeared, therefore, that phagocytosis succeeded only when the virulence of cultures was not great, and that some other influence most probably

came into play before this process could be effective. It seemed wrong to assume that phagocytosis played no part in ending the inflammation; for with cultures of slight virulence the process could be observed within a short time of the inoculation, and in guinea pigs, which were very resistant to erysipelas, all the cocci, as if engulfed in a very short time, and practically no local mischief was developed.

—T. J. Bokenham, in *Brit. Med. Jour.*

THE CHOLERA IN BERLIN AND IN THE MUNICIPAL HOSPITAL.—The evening of August 24, a patient was brought into the hospital. Dr. Guttman, who was, at the time, away, saw him first on the morning of the 27th. To use the doctor's report: The patient didn't impress me as being very sick; his symptoms doubtful, vomiting, great diarrhoea, and no cramps in the legs. The bacteriological examination showed common bacillus. He is now convalescing.

Case II.—At 10 A.M., August 27, a woman (just arrived from Hamburg) was brought in. Four hours later, asphyxiation set in, with slight pulse in the radial arteries, cyanotic hue of the extremities, cold skin, and temperature (at night) 33.4°. After many hypodermic injections of Koch's solution of salts, pulse returned. Three days later, August 30, typhoid cholera developed, ending fatally by evening. Dissection showed only moderate anatomical alterations of the mucous coat of the intestine. This coat in the small bowel was here and there slightly swollen, and its redness only slight and not general. Contents of the intestine somewhat copious, thin, yellowish, and the pericarpium (*Rindensubstanz*) of the kidneys greenish yellow.

Case III.—At 12 M., August 20, a wharf laborer was brought in nearly asphyxiated. At 7 A.M. he had drank much river (*Spree*) water, being warm with his work, and was very soon sick. Subcutaneous injections of Koch's solution restored the pulse for a time, but it disappeared again. Severe collapse and cyanose made all efforts fruitless. Nineteen hours from the first attack he expired.

The fourth and fifth cases expired.

I omit here a statement of the fourth, fifth, and sixth cases, and of the dissection of the fourth and fifth.

In all of the six cases, bacteriological examinations of the evacuations of the intestine showed comma bacilli. They were in the flakes of mucus (Schleimflöckchen) of the rice-water stools and in the colored stools. These comma bacilli have the forms specified by Koch. The corpses presented the typical appearance, namely, the inflammation in greater or less degree of the mucous coat of the small intestine, and more rarely in that of the large bowel (Dickdarm), the inflammation of the glandular structure (Drüsigen Apparate) of the intestine, and the inflamed alterations of the kidneys. All these alterations of the mucous membrane of the intestine now appear again as I saw them, by means of one hundred dissections during the epidemic of cholera in 1866. See my report in *Wochenschrift*, No. 38.

The therapy in this hospital is directed against heart weakness. Also, hypodermic injections of camphor and ether is resorted to, besides administering, internally, alcohol, strong wine, tea, etc., the placing of hot bottles in the bed, and quenching of the patients' thirst with pieces of ice.

For the injections use $\frac{2}{3}$ Prof. Koch's solution. During the injections keep rubbing the locality; the fluidity, which soon shows itself by the puffing of the skin, will be spread in the tissues thereby, and the swelling of the skin lessened. The best places for the injections are the subclavular or the *regio iliaca*. If the good effects apparent from the first do not combine, repeat them. In one case I injected 5-7 liters of the fluid in twenty hours.

Herewith I close my report on the six cases of Asiatic cholera. There are now in the hospital a great number of Brechdurchfullen and a number of cases of cholera nostras—total, eighty-two. For the present, the hospital is devoted solely to cholera cases.

The authorities of Berlin are very active in the use of the means of disinfection and for warding off the epidemic. For this reason, and also because of the time of the year, I think the plague cannot extend itself here.

—*Berliner kl. Wochenschrift*.

HÆMATEMESIS OF YOUNG WOMEN.—Henry Handford says it is the anæmia, the constipation, and the feeble heart which require attention; and the success-

ful treatment of these removes the malnutrition of the vessels, the high vascular tension, and the venous remora, which are the three most important causes of hæmatemesis of young women.

It is possible to restrict the dietary too much. But how are to be distinguished the cases where the blood is poured out from the surface of an ulcer from those where no visible ulcer exists, though certainly there must be a breach of continuity for hemorrhage to arise? The best guide to the dietetic treatment is the state of irritability of the stomach as indicated by pain and vomiting. Neither of these symptoms is necessary consequence of gastric ulcer. They indicate either an inflamed ulcer or surrounding catarrh. If these two conditions are absent, a case of gastric ulcer may be treated safely on the same lines as one of hæmatemesis arising apart from the ulcer. Hyperacidity, which greatly favors the production or continuance of ulceration of the stomach, is generally indicated by a feeling of pain about an hour after meals.

Hyperacidity should be met with alkalies. Light food, finely divided, and moderate in quantity can be safely taken, even in gastric ulcer. In absence of abundant nutrition, quick cure is out of question.

Where hæmatemesis is due to anæmia, and the anæmic dilatation of the right side of the heart, leading to over-filling and congestion of the veins of the stomach, digitalis is unnecessary so long as the patient is kept strictly in bed; but so soon as the patient is permitted to get up, unless the tricuspid murmur and the dilatation of the right ventricle have disappeared during the prolonged period of rest and the treatment by iron and aperients, digitalis should certainly be added.

TINCTURE HEMOSTYPTICA.—Dr. Kish, of Prague, Marienbad, speaks favorably of tinctura hæmostyptica. He employed it with twenty patients, mostly women with climacteric bleeding of the uterus, which, by the unusual duration or intensity of the menstruation and irregular appearance of same, showed nothing of abnormal character in genital apparatus save chronic excessive congestion of blood (stauungshyperanæmia). From two to five days, except in a few cases, sufficed to effect a stop to the bleeding.

As favorable effects resulted from the use of it for two to three days in cases of

bleeding of the uterus in women with endometritis and metritis, where the uterus from mangelbrafte Rückbildung in the posterior part permitted the running back of the blood flow. Also in a very important case of uterine tumor (uterus myom) in a virgin, which caused excessive bleeding (unaffected by *hydrastis canadensis*), the *tinctura hæmostatica* stopped the flow. No success followed its use on anæmic women with non-typical bleeding.

In every case twenty drops of the tincture were given three to four times a day, sometimes oftener. The tincture contains no active agent except *ergot*.

PSYCHO-THERAPEUTICS. — George M. Robertson has the following in *The Lancet*: A lady in the last stage of cachectic exhaustion from cancer, tried Count Mattei's cancer cure. With the first dose all the racking torture disappeared, and she continued the remedy the last two weeks of her life, with great relief from pain. To this woman, whose hope of recovery had been extinguished, there appeared, as it were, a heaven-sent remedy, and she clutched at it with a faith born of despair. The result showed, as regards subjectivity, freedom from suffering, though the fatal disease was unaffected. The first thing to note is that the agency employed had great respiration just as in the somewhat analogous cases of magnetism, of consecrated relics, springs, etc.

Of the semi scientific foundation granted to animal magnetism, the undefined mysteries attaching to it and to electricity in the popular mind, and of the reputed power of Count Mattei's remedies, I shall not dwell upon here. The main point is the subjective mental state of the patients. Cannot this frame of mind and the reputation of the agent be developed and used in a scientific manner for therapeutic purposes? This question has been solved affirmatively. Prof. Bernheim, of Nancy (France), has such unbounded reputation among its lower classes for the curing of disease, that his assertion to these patients that their pain is gone, removes it at once, etc.

Dr. Bramwell demonstrated four patients to the Congress of Experimental Psychology in London, and whatever he said to these patients in the waking condition was instantly believed and took

place. He produced anæsthesia, total and partial, hallucinations and sleep, all in a moment, by verbal or written order. In one woman seven teeth were extracted without pain, on his single assertion that she would feel none.

I may say that, in greater or less degree, psycho-therapeutics is unconsciously used by all those with reputations in our profession. The effects on patients are enhanced, doubtless, by the impressive manner of the consultant, by his crowded ante room, and by his big fee. The last item has a distinct psychical significance, for we automatically associate a value to an article in proportion to the cost or difficulty of obtaining it.

The most scientific method of psycho-therapeutics is that practised by Prof. Bernheim. Even in Nancy the majority of his patients in the waking state are not impressed by suggestions for the relief of pain; but if he first suggests to them that they are asleep, which suggestion the great majority of them readily receive, he is then able to suggest that their pains are gone, and they believe him implicitly, and, upon awaking, find themselves free from all symptoms. In the somnolent there is increased *credulity* and less independence of thought, which greatly assists the reception of suggestions. The ability to induce this somnolent condition can be easily acquired by any one with tact. Prof. Bernheim terms his process "Treatment by Suggestion." At the London Congress, Van Eeden pointed out that those who used psycho-therapeutics regretted its association with hypnotism.

The advantages of suggestion in the cure of disease are very great, covering all the states of suffering, whether functional or organic. The sensation of pain occurs in the cerebral cortex; it is a mental state, it implies consciousness, and hence, by an alteration in our state of consciousness, as is induced by psycho-therapeutics, pain caused by organic disease can be cured as readily as functional pain. It may be used to cure insomnia, chorea, enuresis, and many other unpleasant psychical accompaniments of disease. The removal of these symptoms, it may be said, does not remove the cause of the disease. So far true; but the removal of anxiety, and the directing the attention to healthier channels indirectly hasten recovery and break one of those vicious circles so common in pathology.

The grand feature of this treatment is that it may be combined with the medical and may even assist the action of drugs. The use of this process is new to the profession; it is unconventional and different from orthodox practice, and, therefore, has an up-hill battle to fight till recognition comes.

In opposition to Dr. Dale's belief that the scope of the usefulness of psychotherapeutics is limited, I believe it may be used to alleviate or remove the symptoms of most diseases.

USES OF THE COAL TAR DERIVATIVES.

—In a communication read before the Mitchell District Medical Society, July 14, 1892, and reported in the *Indiana Medical Journal* for August, Dr. C. W. Murphy, of Salem, Indiana, presents the results of varied trials of products of the aromatic series. He found that phenacetine was especially useful in hemicrania, and could be depended upon for the certain relief of hyperæmic headache. He also used phenacetine in a number of cases of whooping-cough, in which, as he states, it serves a useful purpose in diminishing the severity and frequency of the paroxysms of coughing. He refers also to its usefulness in the treatment of la grippe, in which condition it reduces the fever and relieves the severe muscular and neuralgic pains. Dr. Murphy finds that while antipyretic remedies have no specific effect upon the causes of fever, they serve a very useful purpose in the treatment of all pyrexias, a fact which, as he states, will not be denied by those who have given them an extended trial. In his belief they lower temperature by increasing the radiation of heat from the body, and diminishing heat production.

BURN OF THE CORNEA.—Mrs. M., of New Albany, in some manner got a quantity of boiling water into the left eye. She was opening a can of concentrated lye at the time, and placing her finger in the lye, instantly put this finger into the eye in such a way as to leave large quantities of the crystals lodged between the lower lid and the surface of the ball. A druggist next door used ablutions of vinegar, washing away the excess of potassium, and thus limiting the extent of the burn. The family physician arriving, used castor oil as recommended in the books, and applied the cotton compress.

The pain was most excruciating, and he gave hypodermic morphine.

After twenty-four hours of this kind of treatment I was called. I removed the dressings, washed the eye with a solution as follows: Borate of sodium, 3iiss; chloride of sodium, 3ss; distilled water, 3xii; camphor water, 3iv. This application relieved the pain almost instantly, and, by renewing it every hour, the patient was comparatively comfortable. The next day she was able to visit me at my office. The slough involved a large extent of the lower portion of the cornea, perforating at the inferior margin. Before the period of perforation I directed a solution of eserine, 1 grain to the ounce of water, dropped into the eye every four hours. Keeping the pupil contracted, prevented the iris flowing into the open wound of the cornea. When the perforation took place the eye was closed with a little cotton wool and a piece of plaster, just enough cotton being used to keep the plaster from adhering to the eyelash. In about forty-eight hours the dressing was removed, and the corneal wound found closed, adhesions had taken place between the lower lid and the surface of the ball. Passing a probe under the adhering portion, separation was produced, and a little ointment of yellow oxide of mercury placed between the lid and ball, smoked glasses being used, and the eye left open.

In this manner the treatment was carried on until complete cicatrization resulted. Where burns are so extensive as to make it impossible to prevent adhesions between the lid and ball, those may be greatly modified by leaving the eye open, and daily separating the opposed abraded structures with a probe anointed with a little yellow oxide of mercury ointment.—Dudley Reynolds, in *Med. Mirror*.

GOING WILD.—In the *Hospital Bulletin* of the Second Minnesota Hospital for the Insane, R. M. Phelps gives a sketch of this curious condition. He says:

"According to the many stories heard, when a man becomes lost in a great forest, he immediately, or soon, exhibits a tendency for rapid, nervous walking, and activity, which tends to increase and to become irrational and purposeless. Having reached this stage, the one so lost, is apt to spend time and strength rushing blindly about in the woods, only becoming more confused and irresponsible as

time goes on. This mental tendency was designated by the woodsmen by the term 'going wild.' The trouble is evidently one of some importance there, but as far as I know, no therapeutic agent or measure was suggested as a preventive. A long experience in the woods was supposed to tend to prevent it, but not necessarily nor always. The temperament, the quiet and stability of the emotional nature, were seemingly factors, determining whether or not this result be brought about.

"Now, asking you to accept as facts that there are more or less frequent cases of the kind occurring, let us try and analyze them; and see if we have here anything suggestive of mental disease, or impairment, and if any lessons can be learned therefrom. From being lost, temporarily, in the woods several times myself, I can say that there is certainly a nervous uneasiness and unrest that comes on a person at once. There is certainly a hurrying and tearing pace assumed at once to get out. The feeling is one of intense nervousness, seeming unlike any other ever experienced, and is somewhat different from that of being lost on the plains. Further than this, I cannot speak from personal experience. I can very easily imagine, however, this feeling as going to irrational action.

"One story is related of a case as wildly tearing about and through the woods for from one to two days, and finally happening to run right through a camp, the occupants of which had to actually pursue and hold him, until after a few hours he became quiet. This represents the state of mind of most of the cases given in stories current. On the contrary, as regards activity, however, is the story of a child lost out from Escanaba. As was customary, a crowd patrolled back and forth with bells and guns. The child was finally found, however, keeping perfectly still, although it must have been passed a number of times by the noisy crowd. The same nervous terror must have been active in this case to keep the child quietly in one place that had usually acted toward an irrational and purposeless action.

"I would also mention the story of a civil engineer, of eighteen years' experience, told concerning himself. He was left behind in the woods by his party one day toward evening, and being off the sur-

veyed line did not know exactly his location. He knew the country, however, and was perfectly conversant with the use of his compass. But he became nervous, and began to doubt which point of the needle was north, and finally ended by losing all faith in it, and in running along blindly. Luckily, however, in a few minutes he struck the surveyed line.

"Now for a theory. Is this a new form of mental disease? I think not, properly so-called. I should judge it to be allied more closely to the hypnotic, or trance state, which is usually more closely allied to its neighbor, sleep, than to any insanity. It might be called a temporary hypnotic abeyance, of ordinary rational activity; which, like the hypnotic state itself, does not tend, as far as I know, toward actual insanity, but tends to an awakening and a return to normal by a removal of its cause.

"This mental state has a character peculiarly its own, from which, perhaps, some lessons might be learned. The power of a purely mental impression to produce mental confusion is markedly shown, at least, and the peculiar character of the effect produced is of considerable interest."

THE SUBCUTANEOUS INJECTION OF NORMAL NERVE SUBSTANCE IN EPILEPSY.—Prof. Baber, of Bucharest, has just published, in the *Deut. Med. Woch.*, an account of a new method of treatment of neurasthenia, melancholy, and genuine epilepsy by interstitial injections of nerve substance. He was led to try the effects of such injections by observing that persons treated for rabies by the Pasteur method were frequently cured of any other nerve ailment they might be suffering from. Both the professor and his assistant were sufferers from spinal neurasthenia, and were both cured by the treatment. Believing that the good result was mainly dependent on the amount of nerve substance injected, he tried the effect of large doses of nerve substance (1 gm. in 5 gm. bouillon) in a number of neurasthenics and similar nervous diseases.

The result was very gratifying, the neurasthenics declaring themselves better after the first injection, and especially digestive disturbances, tiredness and insomnia, all disappeared after a course of treatment lasting about three weeks. Other and ordinary measures were simulta-

neously carried out, but they had hitherto been entirely without effect.

During the current year he has treated forty cases by his method, which consists in the following: The brain and spinal cord of rabbits and sheep are kept absolutely free from germs, and pressed through several layers of clay, and an emulsion is then made with 5 parts of bouillon and filtered. Of this the neurasthenics generally received four to five injections, the epileptics five to six weekly, and always 4 to 5 grm. of an emulsion of 1 to 5 of bouillon. The localities selected for the injection were the abdomen and flanks. A number of clinical histories are given. The most striking and best results were obtained in cases of grave melancholia, of neurasthenia and of sluggish heart.

From the middle of May, a number of cases of genuine epilepsy came under treatment, in which the injections brought about a "perfectly striking" improvement. Thus one patient had suffered for three years from daily recurring epileptic attacks. From the time of the commencement of the treatment to that of writing, not a single attack had occurred.

In another case the disease had been existent for two years, for some months there had been seven to eight violent attacks every day. From the commencement of the treatment (May 1), there was one attack on June 11, and after that, up to the 22d, none. The other epileptic cases were equally favorably influenced by the treatment, so much so, that the author feels himself justified in formally pronouncing the opinion that the method of treatment introduced by him in 1889, of injecting nerve substance in cases of neurasthenia melancholy, and especially of genuine epilepsy, is destined to play an important part in the treatment of such diseases.

Prof. Baber does not look upon the therapeutic action as a chemical one, nor is it to be identified with Brown-Séguar's testicular fluid. He believes it to act through the introduction of rather a large quantity of nerve substance into the lymph stream.—*Med. Press.*

News and Miscellany.

DR. G. HUDSON MAKUEN has removed to 1419 Walnut street.

WEEKLY Report of Interments in Philadelphia, from September 24 to October 1, 1892:

CAUSES OF DEATH.	Adults.	Minors.	CAUSES OF DEATH.	Adults.	Minors.
Abscess.....	4		Hernia.....	1	
Abortion.....	1		Indigestion.....		1
Apoplexy.....	11		Inanition.....		6
Asphyxia.....		1	Inflam'n brain.....	4	16
Asthma.....	1		" bronchi.....	6	2
Bright's disease.....	4		" kidneys.....	5	2
Burns and scalds.....	3	2	" larynx.....	1	
Cancer.....	7		" liver.....	1	
Casualties.....	10	1	" lungs.....	16	13
Congestion of the brain.....	4		" heart.....	6	2
Congestion of the lungs.....	2		" peritone'm.....	1	
Congestion of the liver.....	1		" pleura.....	1	
Cholera infantum.....	26		" s. & bowels.....	4	7
Cirrhosis of the liver.....	1		" spine.....	2	
Child birth.....	2		Insanity.....	1	
Consumption of the lungs.....	38	5	Malformation.....		1
Consumption of the bowels.....	1		Marasmus.....		32
Convulsions.....	12		Obstruction of the bowels.....	2	
Croup.....	2		Old age.....	12	
Cyanosis.....	6		Paralysis.....	4	
Debility.....	2		Poisoning.....	1	
Diabetes.....	1		Pyæmia.....	1	
Diarrhoea.....	2		Rheumatism.....	2	
Diphtheria.....	1	40	Scrofula.....		1
Disease of the heart.....	24	4	Septicæmia.....	2	
Dropsy.....	1		Sore mouth.....		1
Dysentery.....	1		Softening of the brain.....	1	
Effusion of the brain.....	1		Suicide.....	3	
Epilepsy.....	1		Tabes mesenterica.....		1
Erysipelas.....	1		Tetanus.....		1
Fatty degeneration of the heart.....	2		Tumor.....	1	
Fever, malarial.....			Ulceration of the bowels.....	1	
" scarlet.....			Uræmia.....	3	2
" typhoid.....	8	3	Vomiting during pregnancy.....	1	
Goitre.....	1		Whooping-cough.....		4
			Total.....	210	203

SPERMINE belongs to the class of bodies designated by physiological chemists as leucomaines, products of metamorphosis in the living being, bearing a pronounced relation to health and disease. It diminishes significantly in quantity, when vitality is lowered, in the impoverishment of old age, and very noticeably in certain diseased processes; thus, we find it present in the sputum of emphysema, in the bronchial discharges of acute bronchitis, and in the excretions of tuberculosis, and many other chronic and wasting diseases.

It exerts a decided influence upon the health, activity and longevity of the blood corpuscles themselves, particularly the leucocytes. Compounds similar in chemical structure and significance are present in the tissues and circulation of all animals.

Under the name of "Charcot-Neumann Crystals," spermine has long been known to investigators, though it is only during the past few years that its physiological and pathological importance has been

recognized. These crystals have been found cropping out on the surface of anatomical specimens which have been preserved in alcohol.

Spermine exists in a proportionately remarkable extent in the brain and marrow of human bones, as well as in the glandular fabric of the procreative organs and their peculiar secretions.

In many diseased conditions, or where vitality is impaired, the replacement of this evidently necessary element is attended with a heightening of all the vital functions, physical as well as mental.

—Maier, *Pacific Med. Journal*.

THE Mississippi Valley Medical Association will hold its eighteenth annual session at Cincinnati, Wednesday, Thursday and Friday, October 12, 13 and 14, 1892. The program is a valuable one, containing many of the most prominent names in the profession. It covers every department in medicine. The attendance will be unusually large, as Cincinnati is the center of population of the United States. Not only the scientific but also the social part of the meeting will be of the highest order. The interest of the convention will be augmented by the meeting of the officers of the Pan-American Medical Congress, also other bodies of medical men. Dr. Benjamin Ward Richardson has written his earnest desire to be present. The Association will be just in time and just in line for those en route to the American Public Health Association in the city of Mexico. Among the many prominent gentlemen who are expected to read are the following: Dr. Hunter McGuire, Richmond, Va., President of the American Medical Association, the address on Surgery. Dr. Hobart Amory Hare, Professor of Materia Medica Jefferson Medical College, Philadelphia, the address on Medicine. Papers are expected by Drs. Reed, Ricketts, Hall, Dowling, Ayres, Connor, Ransohoff, Hoffe, Dandridge, Comegys, Whittaker, Zenner, Zinke, Cincinnati; Cook, Woodburn, Thompson, Indianapolis; Owen, Walker, Evansville; Lydston, Moyer, Belfield, Hamilton, Chicago; Mathews, Wathen, Larrabee, Reynolds, Renner, Louisville; Savage, Nashville; McGahan, Chattanooga; Dixon, Henderson; Hughes, Love, Loeb, Dalton, Borck, Bond, Hulbert, McIntyre, Ohmann, Dumesnil, Lewis, St. Louis; Lanphear,

Kansas City; Smith, Montreal; Sutton, Murdock, Daly, Pittsburg; Early, Ridgeway, Potter, Thornbury, Buffalo; Baker, Cleveland, Thorn, North, Toledo; Walker, Detroit; Jones, Eaton, Baldwin, Columbus; Bond, Richmond. C. A. L. Reed, M.D., President, Cincinnati; E. S. McKee, M.D., Secretary, Cincinnati.

A NEW METHOD OF EXTRACTING FOREIGN BODIES FROM THE EXTERNAL AUDITORY CANAL.—In a case in which a child had pushed a porcelain button into its ear, and in which all efforts to extract it by means of injections and forceps had failed, the following method was used: The physician obtained some inspissated Venice turpentine and melted it; he then dipped the end of a match into the melted turpentine and placed it against the button in the ear. The turpentine adhered strongly to the foreign body, which was then easily extracted.—*Pop. Science News*.

[We thought that this was a "new" method when we first saw it, and published the item with an editorial note, calling attention to this striking instance of American cleverness. Next time we saw it brought forward as a novelty we grew a little suspicious; and on looking up the matter found it had been discovered seventeen times in the last sixteen years. Not only so, but Boerhaave treated of it in his second edition; Paracelsus mentioned it as having been one of the chief secrets of the Rosicrucians; while Rhazes in his XI chapter attributes it to Solomon, and relates the following anecdote concerning it: "And the queen of Saba presented to Solomon her small son, who, for some occult reason had thrust into his external auditory meatus a small pearl, the which rested against the drum, fitting so closely into the canal that no instrument could be inserted behind it. And she said, 'Oh king, remove now the jewel.' And Solomon took counsel with his friends. And one urged the king to blow in the boy's other ear, and another would fain chop open the youth's head, and a third would dissolve the pearl by filling the ear with sulphuric acid. And as the king hesitated between these suggestions, his gaze rested upon his youngest daughter, and an inspiration came to him. And he called to him the girl and said, 'Open wide thy mouth.' And she did so. And he took therefrom a lump of spruce gum, and he fashioned this into a

pencil and he lubricated the sides with saliva. And he pushed the gum into the boy's ear until the gum rested on the pearl, and when he withdrew the gum behold the pearl came also. And all marveled at the king's cuteness." Nevertheless, it is certain that the idea is older than Solomon, for its germs are to be found in the book of Ani (B. C. 4500 circa), where the practice is attributed to the Cushites. And in the 119th volume of Confucius, it is stated that a physician of his day proposed it as a novelty, on which the learned author makes no comment, but appends to the story a spirited sketch of two rats; the significance of which is not known at present.]

THE Ladies' Home Journal for September contains an interesting article by John Lambert Payne on the subject of "Why Young Men Defer Marriage." His conclusion is that the modern young man spends so much on luxuries that he cannot afford marriage; his habits being antagonistic to that prudence and preparation that make it possible for him to marry at twenty-five.

EIGHTEEN DAYS OF A TEMPERATURE OF 46° C. (114.8° F.)—Dr. Obelar has reported a temperature of from 45° to 46° C. in one of his patients. This temperature was carefully verified, and lasted for eighteen days before death.

Union Médicale du Nord-est.

MEDICAL CORPS, U. S. NAVY.

Changes in the Medical Corps of the U. S. Navy for the week ending October 1, 1892.

STONE, EUGENE P., Passed Assistant-Surgeon. Detached from "Pinta," and granted two months' leave.

ATLEE, LOUIS W., Passed Assistant-Surgeon. Detached from "Independence," and ordered to the "Pinta."

OGDEN, F. N., Passed Assistant-Surgeon. Detached from duty in connection with Inter-Continental Railway Commission, and to the "Independence."

MARTIN, WILLIAM, Surgeon. Detached from the "Thetis."

RUSH, CHAS. W., Passed Assistant-Surgeon. Detached from the Navy Yard, New York, and granted six months' sick leave.

DR. BRUSH'S KUMYSS

"KUMYSS is, among the Nomads, the drink of all children, from the suckling upwards; the refreshment of the old and sick, the nourishment and greatest luxury of every one."—DR. N. F. DAHL'S report to the Russian Government, 1840.

I WOULD also allude to cases of diarrhoea and vomiting, and of indigestion dependent on nervous disturbances during the later months of pregnancy. I had two cases during the past summer, both were rapidly declining in strength; they failed to be benefited by remedies suggested by other physicians, as well as myself, until they were placed on KUMYSS, when the improvement was rapid and permanent. Very truly yours,
ARCH M. CAMPBELL, M.D.

Farm and Laboratory,

MT. VERNON, N. Y.

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